

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.  
**10689310**  
APPLICANT(S)

FILING DATE  
**10-21-03**

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.	1					
TOTAL DEP.	8					
TOTAL CLAIMS	9					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						